ARIZONA STATE DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS

## CERTIFICATE OF FETAL DEATH (STILLBIRTH)

STATE FILE NO.

ĬO	
P	20

						SIKAK'S N		
15 /5	1. PLACE OF FETAL DEA	TH		2. US	UAL RESIDENCE OF A			MOTHER LIVERY
LACE OF FETAL	A. COUNTY				STATE		COUNTY	MOTHER LIVE!
BEATH 9	Yuma	<u>.                                    </u>			Arizona			າາຫລ
OL DEATH YOU	B. CITY OR TOWN		IN CITY LIMITS	C.	CITY OR TOWN	<del>:                                    </del>		IN CITY LIMITS
<i>?₩</i> AND   / 0	Yuna	75	OUTSIDE CITY LIMITS	i				OUTSIDE CITY LIMITS
SUAL RESIDENCE					Dome			Of COLUMN CITY LIMITS
OF MOTHER	C. FULL NAME OF	(IF NOT IN HOSPITAL OF	R INSTITUTION, GIVE	- n	STREET ADDRESS		TIE WILDAY	GIVE LOCATION)
1150	HOSPITAL OR INSTITUTION TO	STREET ADDRESS OR	LOCATION)		OTHER ADDRESS		(IF RUNAL,	GIVE LUCKTION)
0202	L13	<u>ma General Hosp</u>	oital		P. O. Bo	ж б		•
17.	3. CHILD'S NAME	A. (Fi		B. (	MIDDLE)		, (LAST)	
4	(TYPE OR FRINT)				-			
THIS CHILD 🔓		Mari	La	Mae	elia	•	Arias	
11110 01112	4. SEX 5A. THIS	S BIRTH	5B. IF TWIN OR TRI	PLET	6A. DATE OF	(HTHOM)	(DAY) (YEA	R)   6B. HOUR
الديوستبر كر	771	m_ == == ==	(THIS FETUS DELIV		FETAL.			121 11201
		Carwin X TRIPLET []	1 5 Т 🔲 2 № 💢 3 я		DELIVERY	Januar	v 5. 195	1 10:00 % M
*	7. FATHER'S NAME	A. (FIRST)	9. (MIDDLE)		C. (LAST)		OR RACE	9. AGE (AT TIME OF
FATHER 🔣//		Ernest						THIS BIRTH)
OF 27			·		Arias	l Whi	ite	`3) <sub>1</sub>
CHILD	10. USUAL RESIDENCE		HPLACE (STATE OR	12/	. USUAL OCCUPAT	ION	12B. KIND	OF BUSINESS OR
V2	Dome, Arizona	FORE	ign country) Clzona				INDU	STRY
		21.1			Farm Labore	$\mathbf{r}$	F	arming
A 1500	13. MOTHER'S MAIDEN H	NAME A. (FIRST)	B. (MIDDLE)	,	C. (LAST)	14. COLO	R OR RACE	15. AGE (AT TIME OF
MOTHER 35		Rita				1.11		THIS BIRTH)
OF			•		Nunez		<u>ite</u>	<u> 35</u>
CHILD 🚗	1G. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	17A. USUAL OCCUPATION	178. KIND OF BUSI- NESS OR INDUSTRY	18.	CHILDREN PREVIOUSLY BO	ORN TO THIS	MOTHER (DO	NOT INCLUDE THIS FETUS)
	Arizona	Housewife	TOV		HOW MANY CHILDREN		MANY CHIED-	C. HOW MANY OTHER
			lione	` ^'	SE NOW FIATINGS		THE BORN A-	CHILDREN WERE BORN DEAD AFTER 20 WEEKS
INFORMANT A	. 19. INFORMANT'S SIGNA	TUKE	^ ^ <b>***</b>		_	DEAD?	or ARE MOR	PREGNANCY?
INCORDING (SAT		$\rho / \rho = 1$	( ) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	4	· C	l .	-	4-
المساكل ا	1 11 . 1 % 1	'	. LIMANIU		7	l ,	nono	· • • • • • • • • • • • • • • • • • • •
\	- Ilia !	- WUND	J Dome	'	7	<u> </u>	none	<u>five</u>
\	20A. LENGTH OF	20B. WEIGHT AT BIRTH		PLICATIO	NS OF PREG-	21B, ST/	ATE ANY OPER	ATION FOR DELIVERY
MEDICAL 38	PREGNANCY	-7# n	NANCY AND LA	BOR.	ONS OF PREG-	21B, ST/	ATE ANY OPER	ATION FOR DELIVERY
MEDICAL 38	PREGNANCY WEEKS	-7 # O oze.	NANCY AND LA	BOR.	again,	21B, ST/		ATION FOR DELIVERY
MEDICAL 38	PREGNANCY WEEKS 22. DID MOTHER HAVE A	-7 # O oze.	NANCY AND LA	BOR.	again,	21B, ST/	ATE ANY OPER	ATION FOR DELIVERY
INFORMATION	PREGNANCY WEEKS  22. DID MOTHER HAVE A TEST FOR SYPHILIST	SEROLOGICAL 23. WHI	NANCY AND LAI	OCCUR	any.	21B, ST/	Bulled	ATION FOR DELIVERY
	PREGNANCY WEEKS 22. DID MOTHER HAVE A	-7 # O oze.	NANCY AND LA	OCCUR	again,	21B, ST/	Bulled	ATION FOR DELIVERY
INFORMATION	PREGNANCY WEEKS  22. DID MOTHER HAVE A TEST FOR SYPHILIST YES DATE	SEROLOGICAL 23. WHI	EN DID FETAL DEATH	OCCUR	DURIN	21B, ST/	Bulled	ATION FOR DELIVERY
INFORMATION 760	PREGNANCY WEEKS  22. DID MOTHER HAVE A TEST FOR SYPHILIST YES DATE	SEROLOGICAL 23. WHI	EN DID FETAL DEATH	OCCUR	DURIN	21B, ST/	Bulled	ATION FOR DELIVERY
PROBABLE	PREGNANCY WEEKS  22. DID MOTHER HAVE A TEST FOR SYPHILIST YES DATE  I, DIRECT CAUSE OF F	SEROLOGICAL 23. WHI	EN DID FETAL DEATH	OCCUR	DURIN	21B, ST/	Bulled	ATION FOR DELIVERY
PROBABLE CAUSE OF	PREGNANCY WEEKS  22. DID MOTHER HAVE A TEST FOR SYPHILIST YES DATE  I. DIRECT CAUSE OF FUNDERLYING CAUSE	SEROLOGICAL 23. WHI	EN DID FETAL DEATH	OCCUR	DURIN	21B, ST/	Bulled	ATION FOR DELIVERY
PROBABLE CAUSE OF FETAL 30	PREGNANCY  WEEKS  22. DID MOTHER HAVE A TEST FOR SYPHILIST YES DATE  I. DIRECT CAUSE OF F  UNDERLYING CAUSE TERNAL CONDITION, IF	SEROLOGICAL 23. WHI	EN DID FETAL DEATH  BEFORE L	OCCUR	DURIN	21B, ST/	Bulled	ATION FOR DELIVERY
PROBABLE CAUSE OF	PREGNANCY  WEEKS  22. DID MOTHER HAVE A TEST FOR SYPHILIST YES DATE  I. DIRECT CAUSE OF F  UNDERLYING CAUSE TERNAL CONDITION, IF TO THE ABOVE CAUSE	SEROLOGICAL 23. WHI	EN DID FETAL DEATH  BEFORE L  MANCY AND LAI  BEFORE L  DUE TO (B)	OCCUR	DURIN	21B, ST/	Bulled	ATION FOR DELIVERY
PROBABLE CAUSE OF FETAL DO DEATH	PREGNANCY  WEEKS  22. DID MOTHER HAVE A TEST FOR SYPHILIST YES DATE  I. DIRECT CAUSE OF F  UNDERLYING CAUSE TERNAL CONDITION, IF TO THE ABOVE CAUSE UNDERLYING CAUSE L	SEROLOGICAL 23. WHI	MANCY AND LAI EN DID FETAL DEATH BEFORE L  MANCY AND LAI BEFORE L  DUE TO (B)  DUE TO (C)	OCCUR	DURIN	21B, ST/	Bulled	ATION FOR DELIVERY
PROBABLE CAUSE OF FETAL 30	J. DIRECT CAUSE OF F  UNDERLYING CAUSE TERNAL CONDITION, IF TO THE ABOVE CAUSE UNDERLYING CAUSE	SEROLOGICAL 23. WHI	NANCY AND LAI EN DID FETAL DEATH  BEFORE L  DUE TO (B)  DUE TO (C)  DITIONS OF	OCCUR	DURIN	21B, ST/	Bulled	ATION FOR DELIVERY
PROBABLE CAUSE OF FETAL DO DEATH	PREGNANCY  WEEKS  22. DID MOTHER HAVE A TEST FOR SYPHILIST YES DATE  I. DIRECT CAUSE OF F  UNDERLYING CAUSE TERNAL CONDITION, IF TO THE ABOVE CAUSE UNDERLYING CAUSE UNDERLYING CAUSE INTO THE ABOVE CAUSE UNDERLYING FETUS OR MOTHER CO	SEROLOGICAL 23. WHI	MANCY AND LAI EN DID FETAL DEATH  BEFORE L  OUE TO (B)  DUE TO (C)  DITIONS OF EATH, BUT	OCCUR	DURIN	21B, ST/	Bulled	ATION FOR DELIVERY
PROBABLE CAUSE OF FETAL DO DEATH	PREGNANCY  WEEKS  22. DID MOTHER HAVE A TEST FOR SYPHILIST YES DATE  I. DIRECT CAUSE OF F  UNDERLYING CAUSE TERNAL CONDITION, IF TO THE ABOVE CAUSE UNDERLYING CAUSE UNDERLYING CAUSE L  II. OTHER SIGNIFICANT FETUS OF MOTHER CO	SEROLOGICAL 23. WHI  SETAL DEATH	DUE TO (C)  DUE TO (C)  DUE TO (C)  DITIONS OF EATH, BUT H)	OCCUR ABOR	donner dans	21B. ST/	ATE ANY OPER	UNGERTAIN
PROBABLE CAUSE OF FETAL DO DEATH	PREGNANCY  WEEKS  22. DID MOTHER HAVE A TEST FOR SYPHILIST YES DATE  I. DIRECT CAUSE OF F  UNDERLYING CAUSE TERNAL CONDITION, IF TO THE ABOVE CAUSE UNDERLYING CAUSE UNDERLYING CAUSE II. OTHER SIGNIFICANT FETUS OR MOTHER CO NOT RELATED TO DIRE  I HEREBY CERTIFY THAT	SEROLOGICAL 23. WHI	DUE TO (B)  DUE TO (C)  DITIONS OF EATH, BUT H)  MANCY AND LAI  BEFORE L  CHARLES OF L	ABOR ABOR	donner dans	21B. ST/	Bulled	UNGERTAIN
PROBABLE CAUSE OF FETAL DO DEATH (ITEM 24)	PREGNANCY  WEEKS  22. DID MOTHER HAVE A TEST FOR SYPHILIST YES DATE  I. DIRECT CAUSE OF F  UNDERLYING CAUSE TERNAL CONDITION, IF TO THE ABOVE CAUSE UNDERLYING CAUSE UNDERLYING CAUSE II. OTHER SIGNIFICANT FETUS OR MOTHER CO NOT RELATED TO DIRE  I HEREBY CERTIFY THAT I ATTENDED THIS DELIV-	SEROLOGICAL 23. WHI  SETAL DEATH	DUE TO (B)  DUE TO (C)  DITIONS OF EATH, BUT H)  MANCY AND LAI  BEFORE L  CHARLES OF L	ABOR ABOR	donner dans	21B. ST/	ATE ANY OPER	UNGERTAIN
PROBABLE CAUSE OF FETAL DO DEATH	PREGNANCY  WEEKS  22. DID MOTHER HAVE A TEST FOR SYPHILIST YES DATE  I. DIRECT CAUSE OF F  UNDERLYING CAUSE TERNAL CONDITION, IF TO THE ABOVE CAUSE UNDERLYING CAUSE L  II. OTHER SIGNIFICANT FETUS OR MOTHER CO NOT RELATED TO DIRE  I HEREBY CERTIFY THAT I ATTENDED THIS DELIV- ERY AND THE FETUS	SEROLOGICAL 23. WHI  SETAL DEATH	DUE TO (C)  DUE TO (C)  DITIONS OF EATH, BUT H)  GNATURE  (SI	ABOR ABOR	DURIN	21B. ST/	ATE ANY OPER BLACK	UNGERTAIN
PROBABLE CAUSE OF FETAL DO DEATH (ITEM 24)	PREGNANCY  WEEKS  22. DID MOTHER HAVE A TEST FOR SYPHILIST YES DATE  I. DIRECT CAUSE OF F  UNDERLYING CAUSE TERNAL CONDITION, IF TO THE ABOVE CAUSE UNDERLYING CAUSE L  II. OTHER SIGNIFICANT FETUS OR MOTHER CO NOT RELATED TO DIRE  I HEREBY CERTIFY THAT I ATTENDED THIS DELIV- ERY AND THE FETUS WAS BORN DEAD ON THE	ETAL DEATH	DUE TO (B)  DUE TO (C)  DITIONS OF EATH, BUT H)  DORESS IF NO	ABOR  ABOR  ABOR	donner dans	21B. ST/	ATE ANY OPER BLACK	UNGERTAIN
PROBABLE CAUSE OF FETAL DO DEATH (ITEM 24)	PREGNANCY  WEEKS  22. DID MOTHER HAVE A TEST FOR SYPHILIST YES DATE  I. DIRECT CAUSE OF F  UNDERLYING CAUSE TERNAL CONDITION, IF TO THE ABOVE CAUSE UNDERLYING CAUSE L  II. OTHER SIGNIFICANT FETUS OR MOTHER CO NOT RELATED TO DIRE  I HEREBY CERTIFY THAT I ATTENDED THIS DELIV- ERY AND THE FETUS	ETAL DEATH	DUE TO (C)  DUE TO (C)  DITIONS OF EATH, BUT H)  GNATURE  (SI	ABOR ABOR	DURIN	21B. ST/	ATE ANY OPER BLACK	UNGERTAIN
PROBABLE CAUSE OF FETAL DO DEATH (ITEM 24)	PREGNANCY  WEEKS  22. DID MOTHER HAVE A TEST FOR SYPHILIST YES DATE  I. DIRECT CAUSE OF F  UNDERLYING CAUSE TERNAL CONDITION, IF TO THE ABOVE CAUSE UNDERLYING CAUSE II. OTHER SIGNIFICANT FETUS OR MOTHER CO NOT RELATED TO DIRE  I HEREBY CERTIFY THAT I ATTENDED THIS DELIV- ERY AND THE FETUS WAS BORN DEAD ON THE DATE STATED ABOVE.	ETAL DEATH	DUE TO (B)  DUE TO (C)  DITIONS OF EATH, BUT H)  GNATURE  DDRESS  IF NO ATTENED BY PHYSI	ABOR ABOR PECIFY/1	DURING	G LABOR OTHER)	25B. DATE	BIGNED EXAMINER TITLE
PROBABLE CAUSE OF FETAL DO DEATH (ITEM 24)	PREGNANCY  WEEKS  22. DID MOTHER HAVE A TEST FOR SYPHILIST YES DATE  I. DIRECT CAUSE OF F  UNDERLYING CAUSE TERNAL CONDITION, IF TO THE ABOVE CAUSE UNDERLYING CAUSE L  II. OTHER SIGNIFICANT FETUS OR MOTHER CO NOT RELATED TO DIRE  I HEREBY CERTIFY THAT I ATTENDED THIS DELIV- ERY AND THE FETUS WAS BORN DEAD ON THE	SEROLOGICAL 23. WHI  SEROLOGICAL 23. WHI  STAL DEATH  (FETAL OR MA- ANY, GIVING RISE (A) STATING THE AST)  CONDITIONS CONDITIONS CONE CONTRIBUTING TO FETAL DEAT  25A. ATTENDANT'S SI  25C. ATTENDANT'S A	DUE TO (B)  DUE TO (C)  DITIONS OF EATH, BUT H)  GNATURE	ABOR ABOR PECIFY/1	DURIN	G LABOR OTHER)	25B. DATE	BIGNED EXAMINER TITLE
PROBABLE CAUSE OF FETAL DO DEATH (ITEM 24)  CERTIFICATION  FUNERAL Q	PREGNANCY  WEEKS  22. DID MOTHER HAVE A TEST FOR SYPHILIST YES DATE  I. DIRECT CAUSE OF F  UNDERLYING CAUSE TERNAL CONDITION, IF TO THE ABOVE CAUSE UNDERLYING CAUSE UNDERLYING CAUSE L  II. OTHER SIGNIFICANT FETUS OF MOTHER CO NOT RELATED TO DIRE  I HEREBY CERTIFY THAT I ATTENDED THIS DELIV- ERY AND THE FETUS WAS BORN DEAD ON THE DATE STATED ABOVE.  27A. BURIAL, CREMATION, REMOVAL (SPECIFY)	ETAL DEATH	DUE TO (B)  DUE TO (C)  DITIONS OF EATH, BUT H)  DORESS IF NO ATTEME BY PHYSI  C. NAME OF CEMETERY (MATORY)	ABOR  ABOR  PECIFY/I  DT   2  DED CIAN   2  DR CRE.	DURING DURING DE LOCATION	G LABOR OTHER) CORONER (	25B. DATE	SIGNED STATE)
PROBABLE CAUSE OF FETAL DEATH (ITEM 24)  CERTIFICATION  FUNERAL DIRECTOR	PREGNANCY  WEEKS  22. DID MOTHER HAVE A TEST FOR SYPHILIST YES DATE  I. DIRECT CAUSE OF F  UNDERLYING CAUSE TERNAL CONDITION, IF TO THE ABOVE CAUSE UNDERLYING CAUSE L  II. OTHER SIGNIFICANT FETUS OR MOTHER CO NOT RELATED TO DIRE  I HEREBY CERTIFY THAT I ATTENDED THIS DELIV- ERY AND THE FETUS WAS BORN DEAD ON THE DATE STATED ABOVE.  27A. BURIAL, CREMATION, REMOVAL (BPECIFY)  ENTY 10	SEROLOGICAL 23. WHI  SEROLOGICAL 23. WHI  STAL DEATH	DUE TO (C) DITIONS OF EATH, BUT H)  CO. NAME OF CEMETERY CO. MATORY  YUMA - Cath	ABOR  ABOR  CIAN  CIAN  CIAN  CIAN  CIAN  CIAN  CIAN  COLIC	DURIN  A DUR	G LABOR  OTHER)  CORONER C	25B. DATE	SIGNED EXAMINER TITLE
PROBABLE CAUSE OF FETAL DO DEATH (ITEM 24)  CERTIFICATION  FUNERAL Q	PREGNANCY  WEEKS  22. DID MOTHER HAVE A TEST FOR SYPHILIST YES DATE  I. DIRECT CAUSE OF F  UNDERLYING CAUSE TERNAL CONDITION, IF TO THE ABOVE CAUSE UNDERLYING CAUSE UNDERLYING CAUSE L  II. OTHER SIGNIFICANT FETUS OF MOTHER CO NOT RELATED TO DIRE  I HEREBY CERTIFY THAT I ATTENDED THIS DELIV- ERY AND THE FETUS WAS BORN DEAD ON THE DATE STATED ABOVE.  27A. BURIAL, CREMATION, REMOVAL (SPECIFY)	SEROLOGICAL 23. WHI  SEROLOGICAL 23. WHI  STAL DEATH	DUE TO (C) DITIONS OF EATH, BUT H)  CO. NAME OF CEMETERY CO. MATORY  YUMA - Cath	ABOR  ABOR  CIAN  CIAN  CIAN  CIAN  CIAN  CIAN  CIAN  COLIC	DURIN  A DUR	G LABOR  OTHER)  CORONER C	25B. DATE	SIGNED STATE)